PAGE 1 / 30

Image# 14960285518

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Co				Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN	IT ▼	Example: If typir over the lines.	g, type	12FE4M5	
Elect April Freemar	1					1
ADDRESS (number and stree	t) Elect April Fre					
Check if different						
than previously reported. (ACC)	Cape Coral				FL L	33909
2. FEC IDENTIFICATION	N NUMBER ▼	CITY		:	STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00541359		3. IS THIS REPORT	× NEW	OR	AMEND (A)	
4. TYPE OF REPORT	(Choose One)					
(a) Quarterly Reports:	· ·	(b) 12-Day P	RE-Election Repo	ort for the:		_
April 15 Overt	only Donart (O1)	L	Primary (12P)	General (1	2G) Runoff (12R)
April 15 Quarte	erly Report (Q1)		Convention (12C)	Special (1	2S)
July 15 Quarte	erly Report (Q2)					
October 15 Qu	uarterly Report (Q3)	Election	on M - M	D D /	Y - Y - Y - Y	in the State of
X January 31 Ye	ar-End Report (YE)	(c) 30-Day P	OST-Election Re	port for the:		
			General (300	i)	Runoff (30	OR) Special (30S)
Termination Re	eport (TER)	Election	on	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D 01	/ Y Y Y Y Y Y 2013	through	M M 12	31	Y Y Y Y Y 2013
I certify that I have examine	ed this Report and t	o the best of my	knowledge and	belief it is tru	ue, correct and	d complete.
Type or Print Name of Trea	surer Ms. Amanda	Jean Piter				
Signature of Treasurer	Ms. Amanda Jean Piter		[Electronically	Filed] D	ate 01	/ D D / Y Y Y Y 1 Y 2014
NOTE: Submission of false, e	erroneous, or incomp	ete information m	ay subject the per	son signing t	his Report to th	ne penalties of 2 U.S.C. §437g.
Office Use						FEC FORM 3
Only						(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 30

Write or Type Committee Name

Elect April Freemar

2013 10 12 31 01 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 23003.46 23003.46 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 23003.46 23003.46 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 14123.91 18353.51 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 14123.91 18353.51 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 8879.55 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 2119.06 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts PAGE 3 / 30

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Elect April Freeman

Report Covering the Period: From: 10 01 2013 To: 12 31 2013

	I. RECEIPTS	I. RECEIPTS COLUMN A Total This Period		
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than			
	Political Committees (i) Itemized (use Schedule A)	15000.00	15000.00	
	(ii) Unitemized	3003.46	3003.46	
	(iii) TOTAL of contributions from individuals	18003.46	18003.46	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	5000.00	5000.00	
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	23003.46	23003.46	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	0.00	
	(b) All Other Loans	0.00	2119.06	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	2119.06	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	23003.46	25122.52	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

S PAGE 4 / 30

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	14123.91	18353.51
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		200	200
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	60.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	14123.91	18413.51
	III. CASH SI	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	PRTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	23003.46
25.	SUBTOTAL (add Line 23 and Line 24)		23003.46
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	14123.91
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	IG PERIOD	8879.55

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

30 FOR LINE NUMBER: **PAGE** 5 OF (check only one) 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

Use separate schedule(s) for each category of the Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Elect April Freeman Full Name (Last, First, Middle Initial) Judith Bloom Date of Receipt Mailing Address 111 W 3rd Ave 28 2013 Apt 201 City State Zip Code Transaction ID: VN8ZPBTDMT0 CA 94402-1563 San Mateo FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation N/a Retired Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) ARNOLD COHEN Date of Receipt Mailing Address 500 Bayview Dr 16 2013 Apt 1120 City State Zip Code Transaction ID: VN8ZPBFG0D5 Sunny Isles Beach FL 33160-4749 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation **RETIRED** Information Requested Receipt For: 2014 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Jeffrey Davis Date of Receipt Mailing Address 4738 NW 38th St 2013 12 25 City State Zip Code Transaction ID: VN8ZPBT7WD8 FL Gainesville 32605-1036 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation U of Florida Law School Professor Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) 11a 11b 11d 11c 12

30

for each category of the Detailed Summary Page 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Elect April Freeman Full Name (Last, First, Middle Initial) **Democratic Party of Lee County** Date of Receipt Mailing Address 10051 McGregor Blvd 31 2013 City State Zip Code Transaction ID: VN8ZPBVG508 FL 33919-1090 Fort Myers FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 300.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General * In-Kind: Office Space for October - November -300.00 December 2013 Other (specify) Full Name (Last, First, Middle Initial) Kathleen E Duffy Date of Receipt Mailing Address 855 San Carlos Dr 21 2013 Citv State Zip Code Transaction ID: VN8ZPBSREK7 Fort Myers Beach FL 33931-2223 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation NONE **GODDESS** Receipt For: 2014 Election Cycle-to-Date | Primary General 269.34 Other (specify) Full Name (Last, First, Middle Initial) John Fernandez Date of Receipt Mailing Address 3150 Shorewood Ln 2013 12 Apt 201 City State Zip Code Transaction ID: VN8ZPBF4EX5 FL Fort Myers 33907-6507 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation John Fernandez Photography Owner/Photographer Receipt For: 2014 Election Cycle-to-Date Y Primary General * In-Kind: Photo session for the campaign website Other (specify) 500.00 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF 30 Use separate schedule(s) (check only one) for each category of the 11a 11d 11b 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Elect April Freeman Full Name (Last, First, Middle Initial) Irene Kepler Date of Receipt Mailing Address 6039 Pompano St 10 2013 10 City State Zip Code Transaction ID: VN8ZPB3PJG9 FL 33919-4408 Fort Myers FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 200.00 Name of Employer Occupation SW Florida College Professor Receipt For: 2014 Election Cycle-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Jeffrey Kushner Date of Receipt Mailing Address 1395 Landmark Ct 10 28 2013 City State Zip Code Transaction ID: VN8ZPBCZCR0 Fort Myers FL 33919-2252 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 300.00 Name of Employer Occupation Own Practice Attorney Receipt For: 2014 Election Cycle-to-Date | Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Lewis Robinson Date of Receipt Mailing Address 17501 Village Inlet Ct 2013 02 City State Zip Code Transaction ID: VN8ZPBK9M32 FL Fort Myers 33908-7107 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 50.00 Name of Employer Occupation None Retired Receipt For: 2014 Election Cycle-to-Date | Yrimary General Other (specify) 460.00 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE 8 OF 30
Use separate schedule(s)	(check only one)	
for each category of the	X 11a 11b	11c 11d
Detailed Summary Page	12 13a	13b 14 15
ly not be sold or used by any p ddress of any political committe		· ·

_			Detailed out	illiary Fage		12	13a	13b	14	4	15		
	y information copied from such Reports and S for commercial purposes, other than using the							se of solici					
	NAME OF COMMITTEE (In Full) Elect April Freeman												
<u> </u>	Full Name (Last, First, Middle Initial) Lewis Robinson		Date of	f Bacain	+								
Α.	Mailing Address 17501 Village Inlet Ct					Date of Receipt 10 20 2013							
	City	State	Zip Code			ransact	ion ID :	VN8ZPB7I	FCX4				
	Fort Myers	FL	33908-71	07									
	FEC ID number of contributing federal political committee.	С				Amoun	t of Eac	h Receipt		_	-		
	Name of Employer None	Occupation Retired	1			-	- <u></u>		2	200.00)		
	Receipt For: 2014	Election C	ycle-to-Date										
	Primary General Other (specify)		, , ,	460.00									
_	Full Name (Last, First, Middle Initial) Anne P Vonrosenstiel					Date of	f Receip	t					
B.	Mailing Address 924 Monterey Pt NE							11 25 2013					
	City	State	Zip Code		٦,	ransact	ion ID · \	VN8ZPBJE	RT47				
	Saint Petersburg	FL	33704-23	19		unsuot		THOE! BOL	J171				
	FEC ID number of contributing federal political committee.	С				Amoun	t of Eac	h Receipt		-	-		
	Name of Employer	Occupation	1				-	,	2	250.00)		
	Information Requested	Information	Requested										
	Receipt For: 2014	Election C	ycle-to-Date										
	Primary General Other (specify)		, ,	250.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) John White					Date of	f Receip	t					
O.	Mailing Address PO Box 128					м в м 11		18 /	2013		1		
	City	State	Zip Code		_ т	ransact	tion ID :	VN8ZPBF	4EB3				
	Boca Grande	FL	33921-012	28									
	FEC ID number of contributing federal political committee.	С				Amoun	t of Eac	h Receipt	this Per	riod	_		
	Name of Employer	Occupation	1		\dashv				50	00.00)		
	Information Requested	Information	Requested				,	7					
	Receipt For: 2014	Election C	ycle-to-Date										
	Primary General Other (specify)		, , ,	5000.00	'	' In-Kind	d: Video ¡	production	and pos	t prod	luction		
						_			54	50.00			
Ls	UBTOTAL of Receipts This Page (optional)				-	Ħ	-		\Rightarrow	-	#		
L	OTAL This Period (last page this line number of	only)						,					

1mage# 14960285526 PAGE 9 / 30

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SA11AI

Transaction ID: VN8ZPBF4EB3

Video production, post production, hosting, and graphic design.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		10	OF		30
(che	(check only one)									
X	11a		11b		11c		11	d		
	12		13a		13b		14			15

							12		13a	13b	14	15
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements m	ay not b	be sold or of any po	used by a	ny pers	son for th	ne pur contri	rpose o	f soliciting	g contrib h comm	utions ittee.
	NAME OF COMMITTEE (In Full)											
$ \rangle$	Elect April Freeman											
<u>/_</u>	Full Name (Last, First, Middle Initial)											
A.	John M Wolf Jr.						Date o	of Rec	ceint			
Λ.	Mailing Address 3323 Twin Lakes Ln						M M		DD	/ Y	YY	Υ
	0.1	Olata	7:	0 - 1 -			11		06	J	2013	
	City Sanibel	State FL	•	Code 8957-5529			Transact	tion I	D:VN8	ZPBEY72	21	
				007 0020								
	FEC ID number of contributing federal political committee.	C					Amoun	nt of I	Each Re	eceipt this	s Period	
											2600.	00
	Name of Employer Retired	Occupation Retired							,	,		
	Receipt For: 2014	Election Cy	rolo to F)ata								
	Primary General	Liection Cy	CIE-IU-L	Jale		_						
	Other (specify)	L			5200.00							
_												
	Full Name (Last, First, Middle Initial) John M Wolf Jr.						Date o	of Rec	ceint			
B.	Mailing Address 3323 Twin Lakes Ln										Y	
	Maining / Maines 3323 I WIII Lakes LII						м = м 11	1 /	06		2013	Y
	City	State		Code			Transact	tion II	D : VN8	ZPBEY75	54	
	Sanibel	FL	339	957-5529								
	FEC ID number of contributing	С					Amour	nt of	Each R	eceipt this	s Period	
	federal political committee.							_	-		2222	00
	Name of Employer	Occupation							,	-	2600.	00
	Retired	Retired										
	Receipt For: 2014	Election Cy	/cle-to-D	Date								
	Primary General Other (specify)				5200.00							
	Carlot (speedily)		,	-								
	Full Name (Last, First, Middle Initial)											
C.	Martha O. Wolf						Date o	of Rec	ceipt			
	Mailing Address PO Box 1429						м = м 12	1 /	19	/ Y	2013	Υ
	City	State	Zip	Code				4: 1	_	ZDDCMY		
	Sanibel	FL	339	957-1429		-	Transac	tion i	ID : VINC	BZPBSMX	.uo	
	FEC ID number of contributing											
	federal political committee.	C					Amour	nt of	Each Re	eceipt this	s Period	
	Name of Employer	Occupation									2000.	00
	Retired	Attorney							,			
	Receipt For: 2014	Election Cy	/cle-to-E	Date								
	Primary General				2000.00							
	Other (specify)		,	-	2000.00							
								_				
s	UBTOTAL of Receipts This Page (optional)					.					7200.0	00
Г											15000.0	00
Ιт	OTAL This Period (last page this line number	only)					1				.0000.0	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FO	R LINE	NU	MBER:		PAGE	1	1 OF	30
Use separate schedule(s)	(ch	eck only	or	ne)					
for each category of the		11a		11b	X	11c		11d	
Detailed Summary Page		12		13a		13b		14	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Elect April Freeman Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL COMM Date of Receipt Mailing Address 7234 Parkway Dr 10 2013 20 City State Zip Code Transaction ID: VN8ZPB7FH12 MD 21076-1307 Hanover FEC ID number of contributing Amount of Each Receipt this Period C00000885 federal political committee. 5000.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date | Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... 5000.00 TOTAL This Period (last page this line number only).....

ITEMIZED DISBURSEMENTS

PAGE 12 30 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Elect April Freeman Full Name (Last, First, Middle Initial) Date of Disbursement Delta Airlines 2013 Mailing Address PO Box 20980 12 04 Dept 980 City State Zip Code Amount of Each Disbursement this Period Atlanta GA 30320-0980 Purpose of Disbursement 322.60 DC Trip - Airfare for D. Levin Campaign Manager 002 Transaction ID: VN80E9PQBP2 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Delta Airlines Date of Disbursement Mailing Address PO Box 20980 12 04 2013 Dept 980 City State Zip Code Amount of Each Disbursement this Period GΑ 30320-0980 Atlanta Purpose of Disbursement 322.60 DC Trip - Airfare for A Freeman Candidate 002 Transaction ID: VN80E9PQBQ0 Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Delta Airlines Mailing Address PO Box 20980 2013 Dept 980 City State Zip Code Amount of Each Disbursement this Period 30320-0980 Atlanta GΑ Purpose of Disbursement 25.00 Baggage Fee D. Levin 002 Transaction ID: VN80E9PQBY6 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

670.20

S

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) / of the	FOR LINE NUMBER: (check only one) X 17
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
\rangle	NAME OF COMMITTEE (In Full) Elect April Freeman			
۱.	Full Name (Last, First, Middle Initial) Delta Airlines			Date of Disbursement
	Mailing Address PO Box 20980 Dept 980			12 11 2013
	City State Atlanta GA	Zip Code 30320-0980		Amount of Each Disbursement this Period
	Purpose of Disbursement Baggage Fee A. Freeman		002	25.00 Transaction ID : VN80E9PQBZ3
	Candidate Name		Category/ Type	Transaction is . Those St 4525
	Office Sought: House Senate President Disbursement For Primary Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)			
3.	Delta Airlines Mailing Address PO Box 20980			Date of Disbursement M M / D D / Y Y Y Y Y Y Y 12 12 16 _ 2013 _
	Dept 980			2 10 2010
	City State Atlanta GA	Zip Code 30320-0980		Amount of Each Disbursement this Period
	Purpose of Disbursement Baggage Fee D. Levin		002	25.00
	Candidate Name		Category/ Type	Transaction ID: VN80E9PQC01
	Office Sought: House Senate President Disbursement For Primary Other (s	General	,,	
	State: District: Full Name (Last, First, Middle Initial)			_
).	Delta Airlines			Date of Disbursement
	Mailing Address PO Box 20980 Dept 980			12 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zi	p Code 30320-0980		Amount of Each Disbursement this Period
	Purpose of Disbursement Baggage Fee A. Freeman		002	25.00
	Candidate Name		Category/ Type	Transaction ID : VN80E9PQC19
	Office Sought: House Senate President State: Disbursement For Primary Other (s	General		
	State: District:			
				75.00

SUBTOTAL of Disbursements This Page (optional).....

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 14 OF 30 (check only one) X 17		
	ny information copied from such Reports and Statements m	ay not be sold or	used by any			
or	for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)	address of any poli	ticai committe	ee to solicit contributions from such committee.		
\rangle	Elect April Freeman					
	Full Name (Last, First, Middle Initial) Democratic Party of Lee County			Date of Disbursement		
٦.				M M / D D / Y Y Y Y		
	Mailing Address 10051 McGregor Blvd			12 31 2013		
	City State	Zip Code		Amount of Each Disbursement this Period		
	Fort Myers FL Purpose of Disbursement	33919-1090	_	300.00		
	Office Space for October - November - December 2013		L	Transaction ID : VN8ZPBVG508I		
	Candidate Name		Category/ Type			
	Office Sought: House Disbursement For Senate Primary	General	Турс	* In-Kind Received		
	President Other (s	specify)				
	Full Name (Last, First, Middle Initial)					
3.	John Fernandez			Date of Disbursement		
	Mailing Address 3150 Shorewood Ln Apt 201			11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City State	Zip Code		Amount of Each Disbursement this Period		
	Fort Myers FL Purpose of Disbursement	33907-6507		500.00		
	Photo session for the campaign website			Transaction ID : VN8ZPBF4EX5I		
	Candidate Name		Category/ Type			
	Office Sought: House Disbursement For Senate Primary			* In-Kind Received		
	President Other (s					
	State: District: Full Name (Last, First, Middle Initial)					
	Hampton Inn & Suites			Date of Disbursement		
J .				M " M / D " D / Y " Y " Y " Y		
	Mailing Address 2050 Chenault Dr Carrolton TX75006			10 29 2013		
	•	p Code 5006-5054		Amount of Each Disbursement this Period		
	Purpose of Disbursement	5006-5054		367.89		
	Hotel - FDP Conference - Orlando	007	Transaction ID : VN80E9PQB92			
	Candidate Name		Category/ Type			
	Office Sought: House Disbursement For Senate Primary	: 2014 General				
	President Other (s					
	State: District:					
S	SUBTOTAL of Disbursements This Page (optional)			1167.89		
•	or biobarosinomo imo i ago (optional)			7 7 7		

S

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	y of the	FOR LINE NUMBER: PAGE 15 OF 30 (check only one) X
	y information copied from such Reports and Statements r for commercial purposes, other than using the name and			
\rangle	NAME OF COMMITTEE (In Full) Elect April Freeman			
۱.	Full Name (Last, First, Middle Initial) Hotels.com			Date of Disbursement
	Mailing Address 5400 Lbj Fwy Ste 500			12 05 2013
	City State Dallas TX	Zip Code 75240-1019		Amount of Each Disbursement this Period
	Purpose of Disbursement Hotel Rooms - DC Trip		002	Transaction ID : VN80E9PQBR8
	Candidate Name	0044	Category/ Type	
	Office Sought: House Senate President Disbursement Fo Primary Other (s			
3.	Full Name (Last, First, Middle Initial) NGP VAN Mailing Address 1101 15th St NW			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Ste 500 City State	Zip Code		Amount of Each Disbursement this Period
	Washington DC Purpose of Disbursement NGP Services Candidate Name	20005-5006	001 Category/	2700.00 Transaction ID : VN80E9PQBH3
	Office Sought: House Senate President State: Disbursement Fo Primary Other (s	or: 2014 / General /specify)	Туре	
	Full Name (Last, First, Middle Initial)			Date of Disbursement
Э.	Mark Evan Shepard Mailing Address 3040 Oasis Grand Blvd			M M / D D / Y Y Y Y 10 10 31 2013
		Zip Code		Amount of Each Disbursement this Period
	Fort Myers FL Compose of Disbursement Design Work	33916-1628	001	380.00
	Candidate Name		Category/ Type	Transaction ID : VN80E9PQA24
-	State: District:			3558.80
3	JBTOTAL of Disbursements This Page (optional)			

ITEMIZED DISBURSEMENTS

PAGE 16 30 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Elect April Freeman Full Name (Last, First, Middle Initial) Date of Disbursement A. Mark Evan Shepard 2013 Mailing Address 3040 Oasis Grand Blvd 80 Apt 2808 City State Zip Code Amount of Each Disbursement this Period FΙ Fort Myers 33916-1628 Purpose of Disbursement 280.00 Design Work 001 Transaction ID: VN80E9PQA31 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Staples Date of Disbursement Mailing Address 1800 NE Pine Island Rd 10 10 2013 City State Zip Code Amount of Each Disbursement this Period FL 33909-1733 Cape Coral 78.34 Purpose of Disbursement Office Supplies 001 Transaction ID: VN80E9PQAX7 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Staples Mailing Address 1800 NE Pine Island Rd 10 2013 City State Zip Code Amount of Each Disbursement this Period 33909-1733 Cape Coral FL Purpose of Disbursement 46.69 Office Supplies 001 Transaction ID : VN80E9PQAY5 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary

Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

State:

President

District:

405.03

PAGE 17 30 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Elect April Freeman Full Name (Last, First, Middle Initial) Date of Disbursement Staples 2013 Mailing Address 1800 NE Pine Island Rd 10 15 City State Zip Code Amount of Each Disbursement this Period FΙ Cape Coral 33909-1733 Purpose of Disbursement 10.58 Office Supplies 001 Transaction ID: VN80E9PQB01 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Staples Date of Disbursement Mailing Address 1800 NE Pine Island Rd 10 24 2013 City State Zip Code Amount of Each Disbursement this Period FL 33909-1733 Cape Coral Purpose of Disbursement 12.47 Printing Services - Copies 001 Transaction ID: VN80E9PQB50 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Staples Mailing Address 1800 NE Pine Island Rd 10 2013 25 City State Zip Code Amount of Each Disbursement this Period 33909-1733 Cape Coral FL Purpose of Disbursement 2.51 Printing Services - Copies 001 Transaction ID: VN80E9PQB68 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

25.56

S

	CHEDULE B (FEC Form FEMIZED DISBURSEMEN	-	Use separate sch for each category Detailed Summar	y of the	FOR LINE NUMBER: PAGE 18 OF 30 check only one) X 17	
					person for the purpose of soliciting contributions e to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Clect April Freeman					
Α.	Full Name (Last, First, Middle Initial) Staples	Date of Disbursement				
	Mailing Address 1800 NE Pine Island	10 25 2013				
	City Cape Coral	State FL	Zip Code 33909-1733		Amount of Each Disbursement this Period	
	Purpose of Disbursement Printing Services - Copies			001	13.67 Transaction ID : VN80E9PQB76	
	Candidate Name			Category/ Type	Transaction ID: VN80E9PQB76	
	Office Sought: House Senate President	Disbursement For X Primary Other (s	General			
_	State: District: Full Name (Last, First, Middle Initial)					
В.	Ctoples	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City					
	Cape Coral	Amount of Each Disbursement this Period				
	Purpose of Disbursement Office Supplies		001	66.09 Transaction ID: VN80E9PQBD3		
	Candidate Name			Category/ Type		
	Office Sought: House Senate President	Disbursement For Primary Other (s	General			
	State: District:					
C.	Full Name (Last, First, Middle Initial) Staples				Date of Disbursement	
	Mailing Address 1800 NE Pine Island	11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Cape Coral		Amount of Each Disbursement this Period			
	Purpose of Disbursement Printing Services - Copies		001	53.90		
	Candidate Name			Category/ Type	Transaction ID : VN80E9PQBG5	
	Office Sought: House Senate President	Disbursement For Primary Other (s	General			
_	State: District:					
					133.66	

SUBTOTAL of Disbursements This Page (optional).....

S

	-						
SCHEDULE B (FEC Form 3)			3)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 19 OF 30 (check only one)	
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21			
						person for the purpose of soliciting contributions e to solicit contributions from such committee.	
	NAME OF COMM						
	Elect April I	-reeman					
	•	First, Middle Initial)				B (B)	
A.	Thrifty Ren	tal Car	Date of Disbursement				
	Mailing Address	23320 Autopilot Dr 23320 Autopilot Dr	12 16 2013				
	City	•	Amount of Each Disbursement this Period				
	Dulles		VA	20166-7705		410.79	
	Purpose of Disbu Rental Car - DC				002		
	Candidate Name				Category/ Type	Transaction ID: VN80E9PQCD4	
	Office Sought:	House	Disbursement For	: 2014	1,700		
		Senate	X Primary	General			
	Obstan	President	Other (s	specify)			
_	State:	District: First, Middle Initial)					
В.	John White					Date of Disbursement	
D.			M M / D D / Y Y Y				
	Mailing Address	PO Box 128	11 18 2013				
	City		State	Zip Code		Amount of Each Disbursement this Period	
	Boca Grande Purpose of Disbu	ırsement	FL	33921-0128		5000.00	
		n and post production				Transaction ID : VN8ZPBF4EB3I	
	Candidate Name					Halisaction ID . VNo2FBF4EB31	
	Office Sought:	House	Disbursement For			* In-Kind Received	
		Senate	Primary				
	Ctoto	President	Other (s	specify)			
_	State:	District: First Middle Initial)					
Full Name (Last, First, Middle Initial) C. John White				Date of Disbursement			
	Mailing Address PO Box 128					11 19 7 Y Y Y Y 1	
	City State Zip Code					Amount of Each Disbursement this Period	
	Boca Grande FL 33921-0128					1500.00	
	Purpose of Disbursement Website Design - Graphics - Video				004	1500.00	
	Candidate Name				Category/ Type	Transaction ID: VN80E9PQA57	
	Office Sought:	House	Disbursement For	: 2014		7	
		Senate	Primary	General			
	State:	President District:	Other (s	specity)			
_	Giale.	ייסוווכוי					

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6910.79

12946.93

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20

	13a
X	13b

DANS			Detailed Summary Pag	
AME OF COMMITTEE (In Full) Elect April Freeman			Transac	ction ID : VN8ZPBVGF84L
LOAN SOURCE Full Name (Lass April Freeman	t, First, Middle	Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2124 NE 15th Ter				Other (specify)
City	Sta	ate ZIP Co	de	
Cape Coral	F	FL 33909-	1761	
Original Amount of Loan	С	umulative Payment To	Date Bala	ance Outstanding at Close of This Period
	31.96		0.00	31.96
TERMS Date Incurred M 02 / D 15 / Y 2013	Y Y M	Date Due	Interest Rate	% (apr)
List All Endorsers or Guarantor	s (if any) to Lo	oan Source		Yes No
1. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page	(optional)		>	31.96
TOTALS This Period (last page in the	nis line only)		·····	
Carry outstanding balance only to I	LINE 3. Schedu	le D. for this line. If	no Schedule D. carry for	vard to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 21

	13a
$\overline{\mathbf{v}}$	13h

OF

DANS		Detailed Summary Pag		
AME OF COMMITTEE (In Full)		Transac	tion ID : VN8ZPBVGFV4L	
Elect April Freeman				
LOAN SOURCE Full Name (Last, First, Middle In	nitial)	[PERSONAL FUNDS]	Election: 2014	
April Freeman	,	[I ENGONAL I GNDO]	Primary	
•			General	
Mailing Address 2124 NE 15th Ter			Other (specify)	
City State	e ZIP Cod	е		
Cape Coral FL	33909-1	761		
Original Amount of Loan Cur	mulative Payment To [Date Bala	nce Outstanding at Close of This Period	
68.90	2 2	0.00	68.90	
TERMS Date Incurred	Date Due	Interest Rate	Secured:	
03 ^M / 29 ^D / 2013 M M	/ D D / Y	ňone none		
List All Endorsers or Guarantors (if any) to Loa	an Source		Yes No	
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State ZII	Coue	Guaranteed Outstanding:	9	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State ZII	P Code	Guaranteed Outstanding:	9	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State ZII	P Code	Guaranteed Outstanding:	9 9	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	-	Amount		
City State ZII	Code	Guaranteed Outstanding:		
	·			
UBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule	D. for this line. If n	o Schedule D. carry forw	yard to appropriate line of Summary.	
- · · · · · · · · · · · · · · · · · · ·				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 22

	13a
X	13b

DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full) Elect April Freeman		Transac	etion ID : VN8ZPBVGG37L
LOAN SOURCE Full Name (Last, April Freeman	First, Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary Constrol
Mailing Address 2124 NE 15th Ter			General Other (specify) ▼
City	State	ZIP Code	
Cape Coral	FL	33909-1761	
Original Amount of Loan	Cumulative Pay	ment To Date Bala	ance Outstanding at Close of This Period
2	.45	0.00	21.45
Date Incurred Mo3 ^M / D29 ^D / Y 2013	D M M M / D D	ate Due Interest Rate	
List All Endorsers or Guarantors	(if any) to Loan Source		Yes No
1. Full Name (Last, First, Middle I	* **	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	g g
2. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
SUBTOTALS This Period This Page (optional)	<u>-</u>	21.45
FOTALS This Period (last page in this	line only)	·····	
Carry outstanding balance only to LII	NE 3. Schedule D. for this	line. If no Schedule D. carry for	vard to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

23

	13a
X	13b

DANS			Detailed Summary Pag	ge (check only one) X 13b
AME OF COMMITTEE (In Full) Elect April Freeman			Transac	ction ID : VN8ZPBVGG86L
LOAN SOURCE Full Name (Las April Freeman	t, First, Midd	le Initial)	[PERSONAL FUNDS]	Election: 2014 Primary
Mailing Address 2124 NE 15th Ter				General Other (specify) ▼
City	S	state ZIP Co	de	
Cape Coral		FL 33909-		
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
7 7	16.45		0.00	16.45
TERMS Date Incurred		Date Due	Interest Rate	e Secured:
M ₀₃ ^M / D ₂₉ ^D / Y Ž01:	3 Y	M / D D / Y	none none	% (apr)
List All Endorsers or Guarantor	s (if any) to	Loan Source		Yes No
1. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
UBTOTALS This Period This Page	(optional)		·····	16.45
OTALS This Period (last page in the				
carry outstanding balance only to	LINE 3, Scheo	dule D, for this line. If	no Schedule D, carry forv	vard to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 24

	_
	13a
×	13b

DANS			Detailed Summary Pag	
AME OF COMMITTEE (In Full) Elect April Freeman			Transac	ction ID : VN8ZPBVGGF2L
•				
LOAN SOURCE Full Name (Last, April Freeman	First, Middle Init	ial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2124 NE 15th Ter				Other (specify)
City	State	ZIP Cod	de	
Cape Coral	FL	33909-	1761	
Original Amount of Loan	Cumı	lative Payment To	Date Bala	ance Outstanding at Close of This Period
3	2.86		0.00	32.86
Date Incurred Mo3 ^M / D29 ^D / Y 2013	M M M	Date Due	Interest Rate	
	(if any) to Loop	Course		% (apr) Yes No
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle	* **	Source	Name of Employer	
Mailing Address			Occupation	
City	State ZIP	Code	Amount Guaranteed Outstanding:	, ,
2. Full Name (Last, First, Middle In	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State ZIP	Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle In	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State ZIP	Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle In	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State ZIP	Code	Amount Guaranteed Outstanding:	9 1 9 1 1 0
SUBTOTALS This Period This Page ((optional)		·····	32.86
TOTALS This Period (last page in thi	s line only)			7
Carry outstanding balance only to Li	NE 3. Schedule I	D. for this line. If	no Schedule D. carry for	ward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 25

DANS			Detailed Summary Pag	
AME OF COMMITTEE (In Full))		Transac	ction ID : VN8ZPBVGH79L
LOAN SOURCE Full Name April Freeman	e (Last, First, Midd	le Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2124 NE 15th Ter				Other (specify)
City	S	tate ZIP Co	de	
Cape Coral		FL 33909-	1761	
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
2 2	62.52	, , , , ,	0.00	62.52
Date Incurred	ž013 ^Y	Date Due	Interest Rate	e % (apr)
List All Endorsers or Guar	antors (if any) to	Loan Source		Yes No
1. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This	Page (optional)		·····	62.52
TOTALS This Period (last page	e in this line only).		·····	, , , , , , , , , , , , , , , , , , , ,
Carry outstanding balance on	ly to LINE 3. Sched	dule D. for this line. If	no Schedule D. carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

26 OF

	13a
X	13b

30

(check only one) Detailed Summary Page Transaction ID: VN8ZPBVGHK4L NAME OF COMMITTEE (In Full) Elect April Freeman LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary April Freeman General Mailing Address Other (specify) 2124 NE 15th Ter City State ZIP Code FL 33909-1761 Cape Coral Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 120.42 0.00 120.42 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 03^M ^D29^D 2013 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 120.42 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

27

	13a
X	13b

JANS .			Detailed Summary Pa	age (check only one)
AME OF COMMITTEE (In Full) Elect April Freeman			Transa	oction ID : VN8ZPBVGHR4L
LOAN SOURCE Full Name (Last April Freeman	, First, Middle Initia	al)	[PERSONAL FUNDS]	Election: 2014 Primary
Mailing Address 2124 NE 15th Ter				General Other (specify)
City	State	ZIP Co	de	
Cape Coral	FL	33909-	1761	
Original Amount of Loan	Cumul	ative Payment To	Date Bal	lance Outstanding at Close of This F
2	58.05	,	0.00	58.05
Date Incurred M 03 / D 30 / Y 2013	/ " Y M " M /	Date Due	Interest Rat	ne .
List All Endorsers or Guarantors	s (if any) to Loan	Source		% (apr) Yes
Full Name (Last, First, Middle)		Jource	Name of Employer	
Mailing Address			Occupation	
City	State ZIP C	ode	Amount Guaranteed Outstanding:	9 9 9
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State ZIP C	ode	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State ZIP C	code	Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State ZIP C	ode	Amount Guaranteed Outstanding:	9 1 9 1 2
UBTOTALS This Period This Page	(optional)			58.05
OTALS This Period (last page in the				7 7
Carry outstanding balance only to I	INE 3, Schedule D	for this line. If	no Schedule D, carry for	ward to appropriate line of Summ

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

28 OF

	i
	13a
V	13h

30

(check only one) Detailed Summary Page Transaction ID: VN8ZPBK9KA5L NAME OF COMMITTEE (In Full) Elect April Freeman LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary April Freeman General Mailing Address Other (specify) \blacktriangledown 2124 NE 15th Ter City State ZIP Code FL 33909-1761 Cape Coral Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1250.00 0.00 1250.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M ^D10^D 2013 none No Terms % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1250.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 29

DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full) Elect April Freeman		Transac	tion ID : VN8ZPBVGXN5L
LOAN SOURCE Full Name (Last, April Freeman	First, Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2124 NE 15th Ter			Other (specify)
City	State	ZIP Code	
Cape Coral	FL	33909-1761	
Original Amount of Loan	Cumulative Payr	nent To Date Bala	nce Outstanding at Close of This Period
352	.26	0.00	352.26
Date Incurred M 05 M / D26 D / Y 2013	Da	te Due Interest Rate	
List All Endorsers or Guarantors	(if any) to Loan Source		Yes No
1. Full Name (Last, First, Middle In	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	g g
2. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
3. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (o	optional)		352.26
TOTALS This Period (last page in this	line only)		
Carry outstanding balance only to LIN	IE 3. Schedule D. for this	line. If no Schedule D. carry forw	vard to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER

PAGE 30

	13h
•	132

DANS		for each category of the Detailed Summary Page	
AME OF COMMITTEE (In Fu	II)	Transac	etion ID : VN8ZPBVGY36L
·	ne (Last, First, Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary
Mailing Address 2124 NE 15th Ter			General Other (specify) ▼
City		P Code	
Cape Coral	FL 3:	3909-1761 	
Original Amount of Loan	Cumulative Payme	ont To Date Bala	ance Outstanding at Close of This Period
TERMS Date Incurr M06 D15 D15 D15 D15 D15 D15 D15 D1	ed Date	Due Interest Rate	
	arantors (if any) to Loan Source		
1. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, I	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7 7
3. Full Name (Last, First, I	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, I	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period Thi	s Page (optional)	>	104.19
FOTALS This Period (last page	ge in this line only)		2119.06
Carry outstanding balance o	nly to LINE 3, Schedule D, for this lin	ne. If no Schedule D, carry forv	vard to appropriate line of Summary.